

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD 262 A (REV. 5/31/00) Department of Child Support Services

**MAIL STATION
MS 10**

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CLAIMANT'S NAME Jan C. Sturla		SSN OR EMPLOYEE NUMBER		DEPARTMENT Child Support Services		
POSITION Director		CB/ID NUMBER Exempt	DIVISION OR BUREAU Executive			INDEX NUMBER 1110
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 11120 International Drive			TELEPHONE NUMBER
			CITY Rancho Cordova	STATE CA	ZIP CODE 95741	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6) INCIDEN- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) July -August 09			LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
30-Jul	4:30	Rancho Cordova to LA		6.00	10.00	18.00	6.00		PC		26	\$14.30		\$54.30
2-Aug	19:30	& return to Sacramento							PC	9.00	11	\$6.05		\$15.05
												\$0.00		\$0.00
4-Aug	10:30	State Capitol							SC	6.00		\$0.00		\$6.00
												\$0.00		\$0.00
12-Aug	14:30	925 L Street							PC	15.00		\$0.00		\$15.00
												\$0.00		\$0.00
20-Aug	14:30	1400 10th Street							PC	4.50		\$0.00		\$4.50
												\$0.00		\$0.00
24-Aug	14:30	1600 9th Street							PC	2.00		\$0.00		\$2.00
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
(10) Subtotals			0.00	6.00	10.00	18.00	6.00	0.00		\$36.50	37	\$20.35	\$0.00	\$96.85
CLAIM TOTAL													\$96.85	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
7/30-8/02: Attended Big 6 Quarterly Meeting at Los Angeles County Child Support Services Department. Stayed at residence in So. California, returned to Sacramento 8/2/09.
8/4: Confirmation Hearing pre-meeting with legislative staff members; 8/5 meeting at CHHS regarding upcoming confirmation hearing.
8/12: Attended CSDA Board of Directors Meeting in Sacramento; 8/20 Meeting downtown with Office of Inspector General
8/24: Attended meeting at CHHS downtown. No parking slip - \$2.00 cash at parking meter.

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
	41110		PHASE													
(13) PRIVATE VEHICLE LICENSE NO.																
(14) MILEAGE RATE CLAIMED																
\$0.55																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAY BY REV. FUND CHECK NO.																
TOTALS																

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE